

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
RONALD ZIBELLI XEROX CORP. XEROX SQ. 020 ROCHESTER, NY 14644	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

FILE NO.	CLASS. NO.	FILE DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/561,627	08/02/90	064	SMITH, M	2301	03/09/91
INVENTOR: MACKINLAY, JOCK D. INVENTION: MOVING VIEWPOINT WITH RESPECT TO A TARGET IN A THREE-DIMENSIONAL HOURS/SPACE					

FILE NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FEES PAID	DATE FILED
07-28226	025-127-000	L12	UTILITY	NO	\$1170.00	06/02/91

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 _____
	2 _____
	3 _____

0620071 04/13/93 07561627  
 0720072 04/13/93 07561627  
 DO NOT USE THIS SPACE  
 24 0025 020 561 1170.00CH  
 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: <b>Xerox Corporation</b>		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
(2) ADDRESS: (City & State or Country) <b>Stamford, CT</b>		(Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION <b>New York</b>		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER <b>24-0025</b>	
		(Enclose Part C)	
		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <b>10</b>	
		<input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Signature of party in interest for record) <b>C. James A. Blum</b>	
		(Date) <b>3/24/93</b>	
		Reg. No. <b>31,070</b>	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	